

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 403500	RECEIPT DATE:	10 / 22 / 99
IA NUMBER:	PCT/ CH99 / 00084	IA FILING DATE:	02 / 20 / 99
FAMILY NAME:	HEUTSCHI	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	THEODOR	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 26 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	01351/1118-P	COUNTRY:	CHX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
NAME:	WENDEROTH LIND & PONACK		
STREET:	2033 K ST NW		
	STE 800		
CITY:	WASHINGTON		
STATE/COUNTRY:	DC	ZIP:	20006
EMAIL:			
APPLICATION TITLES:			
ELECTRONIC DEVICE; PREFERABLY AN ELECTRONIC BOOK			

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER 09/403,500	FILING DATE 10/22/99	CLASS 395	GROUP ART UNIT 2763	ATTORNEY DOCKET NO. 01351/I118-P		
APPLICANT THEODOR HEUTSCHI, LOHN, SWITZERLAND.						
**CONTINUING DOMESTIC DATA***** VERIFIED <u>  <i>min</i>  </u>						
**371 (NAT'L STAGE) DATA***** VERIFIED      THIS APPLN IS A 371 OF      PCT/CH99/00084      02/20/99 <u>  <i>Q</i>  </u>						
**FOREIGN APPLICATIONS***** VERIFIED      SWITZERLAND      0459/98      02/26/98 <u>  <i>Q</i>  </u>						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/29/99						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged <u>  <i>LEC</i>  </u> Examiner's Initials		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY CHX	SHEETS DRAWING 6	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
ADDRESS WENDEROTH LIND & PONACK 2033 K STREET NW SUITE 800 WASHINGTON DC 20006						
TITLE ELECTRONIC DEVICE, PREFERABLY AN ELECTRONIC BOOK						
FILING FEE RECEIVED  \$840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		